

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10/072703** FILING DATE  
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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22						
23	1					
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30						
31						
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33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND	3					
TOTAL DEP	46					
TOTAL CLAIMS	49					
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62	1					
63						
64						
65						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND	1					
TOTAL DEP	27					
TOTAL CLAIMS	28					

28  
77/4